



**ABOVE** • High school students confront the “ick” factor at the opening of a new NLM exhibition on forensics. See story below.

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The Second Best Thing About Payday

# nih record

## Noel Spearheads Pandemic Influenza Preparedness

By Belle Waring

To reach the office of the chief of hematology in the Clinical Center’s department of laboratory medicine, you trek across the clin path lab, a unit the size of a football field where warrens of scientists, clinicians and techs emit a modulated hum. This vibrant hive has the buzz of continuous progress, and so it’s fitting that it holds the office of Dr. Pierre Noel.

Noel is not only chief of hematology, he’s also advisor on weapons of mass destruction, disaster planning and biodefense while he serves, concurrently, as flight surgeon in the Air Force Special Operations Command. While it may seem heroic to add even a straw to all that, he recently accepted a leadership role in NIH’s influenza pandemic continuity of operations planning team.

“I’m a clinician. An action person,” says Noel, who came to the CC in 2000 from the Mayo Clinic, where he held appointments in hematology and laboratory medicine



Dr. Pierre Noel leads NIH’s influenza pandemic preparedness effort.

SEE NOEL, PAGE 8



Local high school students view an autopsy training film.

*Forensics, She Wrote*

## NLM Exhibit Opening a Smash with Students

By Belle Waring

“Visible Proofs: Forensic Views of the Body,” a stunning exhibition now at the National Library of Medicine, traces the history and science of forensic medicine from its 17th century origins to state-of-the-art relevance. Catching the fire and the excitement of television’s *CSI*, *The X-Files*, and *Profiler*—minus the gore and commercials—“Visible Proofs” draws attention directly to the science, where

SEE FORENSICS, PAGE 4

## NIH Community Orchestra To Celebrate 10th Anniversary

By Marcia Doniger

They’ve been performing for almost a decade now—and they haven’t missed a beat.

A multi-talented group of musicians from NIH and other federal agencies including the Department of Justice, the Library of Congress and the National Aeronautics and Space Administration, will, this fall, celebrate its 10th year of providing entertainment to audiences within the NIH community and beyond.

While the NIH Community Orchestra delights crowds throughout the year, most recently the Recreation and Welfare Association-sponsored ensemble gave yuletide performances at the Children’s Inn, the British Embassy and to a grateful audience at Baltimore-Washington International Airport. Charity is a large part of what the group is all about, according to Gary Daum, the orchestra’s music director and principal conductor, who is also on the music faculty at Georgetown Preparatory School in Rockville. He has led the 60-plus members of

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## briefs

### Symposium Will Honor Ferretti

"Forty Years of NMR in Biological Systems—A Symposium to Honor James A. Ferretti, Ph.D." will be held Friday, Apr. 21 at the Natcher Conference Center, from 8:30 a.m. to 5 p.m. The symposium will celebrate Ferretti's scientific achievements. He has pioneered the application of pulsed Fourier transform nuclear magnetic resonance techniques to the study of a wide range of chemical and biological systems. Featured speakers include Ad Bax, Marshall Nirenberg and Dennis Torchia from NIH, and a host of others. There is no cost, but registration is requested via email to [tjandran@nhlbi.nih.gov](mailto:tjandran@nhlbi.nih.gov). For more information visit [www.nhlbi.nih.gov/meetings/ferretti](http://www.nhlbi.nih.gov/meetings/ferretti).

### STEP Presents Forum on Adult Hormonal Changes, Mar. 21

The staff training in extramural programs (STEP) committee will present a Science for All forum on the topic, "From Hot Flashes to Hot Rods: Hormonal Changes in Adulthood" on Tuesday, Mar. 21 from 8 a.m. to noon in Lister Hill Auditorium, Bldg. 38A.

Sex hormones—the gonadal steroid hormones estrogen, progesterone and testosterone—are the focus of considerable scientific and popular attention. They control sexual development and reproduction, but they affect other aspects of health, particularly as their production declines with age. How do these hormones work? How does their interplay with environmental factors and the aging process affect female and male health in adulthood? What's the current understanding of the role of sex hormones in health conditions such as mood disorders, perimenopause/menopause in women and reproductive dysfunction in men? Join us in exploring the physiology and behavior behind the headlines and the hype.

### Conference on Nursing Science

The National Institute of Nursing Research and the Clinical Center nursing and patient care services will hold a conference titled, "Celebrating Nursing Science: The Research-Practice Link" on Friday, June 16. For more information contact Donna Jo McCloskey, (301) 402-1446 or email [mccloskd@mail.nih.gov](mailto:mccloskd@mail.nih.gov). For conference highlights, registration and call for posters, visit <http://ninr.nih.gov/ninr/> and click on "Save the Date."

### Learn To Manage Sibling Rivalry

The Work and Family Life Center will hold a seminar titled "Sibling Rivalry" on Thursday, Mar. 23 from noon to 1 p.m. at 6001 Executive Blvd., Rm. C. Do you sometimes feel more like a referee than a parent? Do you know when to get involved in your children's arguments and when not to? Attend this seminar to gain insight into sibling rivalry, look at positive (yes, there are some!) and negative aspects of arguments among your children, and find out how to encourage effective resolutions. You'll be able to foster sibling attachment and growth and reduce your family's stress.

### Yoga Meditation Held Monthly

Sahaja yoga meditation class is held every Thursday at 7 p.m. on the third floor of the CRC, Rm. 3-1608. Sahaja yoga seeks to awaken inner energy called kundalini, and is offered for free and without obligation. The class is sponsored by the recreation therapy section of the rehabilitation medicine department. For more information contact Jasmin Salloum, (301) 402-5630.

### NIH 9-Hole Golf League

The NIH Golf Association (9-hole coed league) is seeking new members for the 2006 season. The 9-Hole league meets Tuesdays and/or Thursdays after work and plays at Needwood Golf Course in Rockville or Sligo Creek Golf Course in Silver Spring. The 9-Hole league features 2 flights of competitive handicapped-match play and 1 non-competitive flight. The season starts with an optional Spring Outing (members and guests) in late April, then regular play through the end of August, and a members and guests Fall Outing in early September. The league has a block of reserved tee times and serves as a great social/networking opportunity to meet fellow NIH'ers and to improve your golfing skills. For more information, email John Hamill at [jh148m@nih.gov](mailto:jh148m@nih.gov) or visit <http://www.recgov.org/golf/>.

### caBIG Seminars Webcast

All NCI and NIH staff—including researchers, research administrators, IT and other lab support personnel—are invited to attend the caBIG Seminar Series. "Overview of caBIG" will be presented on Monday, Mar. 13 in Bldg. 50, Rm. 1328/1334 from 11 a.m. to noon. There are plans for more seminars in March. Visit <https://cabig.nci.nih.gov/seminars> for future dates. The seminars will be telecast and archived at <http://videocast.nih.gov/>. For more information, contact Mary Jo Deering, (301) 496-3458.

# nih record

## New Performance Management Appraisal Program To Debut in June

The human resources folks at NIH are working to put in place a new performance program, at the behest of HHS. This is a single performance program that eventually will cover all operating divisions within the department. The new program provides an approach to help HHS employees achieve their specific performance goals. The program focuses on three key elements:

- Improving performance and accountability
- Providing clear expectations and feedback on progress toward target outcomes, and
- Rewarding and recognizing exceptional performance for achieving challenging outcomes.

The NIH switchover is scheduled for June. It replaces the NIH Performance Appraisal Program Plan that had been in place since 1996. The new program will cover everyone (General Schedule, Title 42 and wage grade, including bargaining units) except Senior Executive Service and the Commissioned Corps. A massive employee education campaign is under way to make the transition smooth and understandable.

"One key goal of the new system is to make meaningful performance distinctions," said Helene Noble, director of the Workforce Relations Division in the Office of Human Resources. The new program has four "tiers" or possible employee summary ratings: exceptional, fully successful, minimally successful and unacceptable. This is a contrast from the present program, which uses just two (pass/fail). As in the current program, employees will be eligible for time off; quality step increases; and special act/service awards, as well as non-monetary awards. Also, based on summary ratings, employees will be eligible for performance awards at the conclusion of rating cycles. A number of existing processes and forms have been consolidated and simplified in the new program.

This is the time of year when, typically, supervisors are closing out calendar and fiscal year 2005 contracts and plans and establishing their employee performance contracts and plans for 2006. They should continue this process just as if nothing is changing. The NIH Office of Human Resources will provide guidance on how to transition to the new program at a later date.

Additional details of the new plan will emerge via all-hands emails from HHS, mandatory online training for employees and supervisors sponsored by HHS and a series of meetings both on and off campus where experts will explain the new system and take questions. Also, performance liaisons have been identified within each institute and center to serve as a resource and help ensure a smooth migration to the new program.

Look for more information in upcoming issues of the *NIH Record*. 📖

## Visitor's Center Opens at Rocky Mountain Labs

*Rocky Mountain Laboratories (RML) in Hamilton, Mont., opened a 3,500-square-foot Visitor's Center on Jan. 30 and invited about 250 neighbors, community leaders and interested parties to a Feb. 8 open house. Jim and Jo Ann Whitlock (at right), who live about three blocks from RML, were among the early visitors; Jim is an RML retiree. The Visitor's Center is the "front door" to the RML research facility, which is part of the National Institute of Allergy and Infectious Diseases. The center contains exhibits that will change on a periodic basis to reflect RML research work. The present theme, tick research, includes several historical photos, displays and an interactive video kiosk. The center also houses RML's security staff and is adjacent to a visitor's parking area and main access point to the campus.*





PHOTOS: VERONIKA LUKASOVA & DAN MULLEN, THE JUSTICE PROJECT



## FORENSICS

CONTINUED FROM PAGE 1



### Top:

NLM director Dr. Donald Lindberg (l) cuts the “crime scene” tape signalling the opening of “Visible Proofs.” He’s joined by renowned forensic anthropologist Dr. Clyde Snow (c) and Kirk Bloodsworth (r), the first U.S. inmate convicted of murder to be exonerated by DNA evidence.

### Above:

Local high school students witness the virtual autopsy.

the real excitement always was to begin with.

The subject could easily have been sensationalized, says NLM’s exhibition program head Patti Tuohy. “That’s why we took care to be respectful to victims and their families, so their privacy would not be abused,” she explains.

That sensitivity is evident in the portion featuring 1st Lt. Michael Blassie, who was killed in Vietnam in 1972. His remains, formerly interred as the Unknown Soldier “X-26,” were identified in 1998 using mtDNA analysis, returned to his family and then buried with full military honors. This section is tucked into a quiet corner, and “since we all respond in a different way,” Tuohy explained, “the exhibition is set up to give time and space to deal with

the subject matter. This is not some video that hammers you with gruesome images—but neither do we shy away.”

It’s this exquisite balance that makes the show appropriate for the mature middle-school student—and up—as it serves as a vivid and thoughtful introduction to science.

Forensics is the specialty that interprets or establishes medical facts in civil or criminal law cases, and holds “marvelous things to see,” Dr. Elizabeth Fee explained to over 200 high schoolers at the opening ceremony on Feb. 16; she is chief of the library’s History of Medicine Division. “Don’t miss the autopsy instruments used for President Lincoln.”

Not to mention the virtual autopsy. There’s also a quartz spectrophotometer (for testing blood-stains), real training films and specimens like the bullet-wounded heart. There’s a hefty microscope to peer through and other interactives to scan your own fingerprints or to create a composite portrait of a perp. “And there’s work you can do in forensics,” Fee told the students. “Toxicologist, pathologist, odontologist, entomologist, anthropologist, radiologist...”

Not to mention the work of one of the speakers who’s featured in the exhibit itself. Kirk Bloodsworth, the first person convicted of murder to be exonerated by DNA evidence in the U.S., is a sturdy, forthright guy who speaks plainly about his years spent on death row for the murder and rape of a 9-year-old girl: “Sometimes proof is not visible to the human eye,” he says. “My voice is what made other people listen.” Lawyers for the Innocence Project, a nonprofit legal clinic, heard him, and persuaded Maryland authorities to search for a match of the evidence in the state DNA database.

And where was that evidence? “The judge had kept it in a closet in a bag—some clerk finally remembered it,” Bloodsworth noted. Another prisoner was matched, ID’ed, tried and convicted. A former commercial fisherman, Bloodsworth now works for the Justice Project; he travels nationwide, advocating for legislation to make access to DNA testing more equitable.

“Forensics is not just entertainment pleasure,” says Mike Sappol, exhibit curator and author of *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in 19th-century America*. “We have difficulty dealing with death, so we need to make it meaningful. Forensics includes a vision



*Bloodsworth now advocates for legislation to make access to DNA testing more equitable.*

of a just society—how to deter and prevent injustice and violence.”

A most powerful witness to that vision was speaker Dr. Clyde Snow, the father of human rights forensics. “You look at 200 or so bones and 32 teeth,” he said in a low-key, gentle voice. “Each one of those bones and teeth has a story.”

In 1983, the American Association for the Advancement of Science called Snow to Argentina to investigate the disappearance of more than 20,000 men, women and children who were abducted, tortured, raped and murdered during the Argentine military’s “Dirty War” of 1976-1983. “It was still very scary in Argentina,” he told the hushed crowd. “The military could have come back to power, and many professionals had subverted the legal system and were signing false death certificates.” That’s why Snow, a forensic anthropologist, recruited a group of Argentine university students to help excavate hundreds of clandestine mass graves.

In 1985, the evidence his team collected, catalogued and stored was used at trial. “These kids on my team were still scared, so I did testify. The case we presented was a 21-year-old woman, Liliana, 7 months pregnant at her arrest. She was kept alive until she delivered the baby, and 3 days later, naval officers took the child—they were running an adoption service for members of the military. Then they executed her and left her in the place where we found her.”

After 2 years of forensic work, he noted, “these young kids on my team were contributing to the convictions of six of the men who had run their country.” Snow has since traveled to 35 countries, including Serbia, Ethiopia and Guatemala,

where his work contributes to evidence in criminal trials, international tribunals and national truth commissions.

“Bones make great witnesses,” says Snow. “They speak softly, but they never forget and they never lie.”

For tours and exhibition hours, visit [www.nlm.nih.gov/visibleproofs/visit](http://www.nlm.nih.gov/visibleproofs/visit) or inquire at [NLMExhibition@mail.nlm.nih.gov](mailto:NLMExhibition@mail.nlm.nih.gov) or call (301) 594-1947. 📞

## NCCR To Track Developments in Clinical Research Informatics

As part of its activities to reengineer clinical research, the National Center for Research Resources has announced that it will fund a 2-year effort to track developments and to inform the intramural and extramural research communities in the area of clinical research information technology. NCCR has contracted the nonprofit Mitre Corp. to provide a series of targeted research reports on the rapidly changing informatics landscape, as well as to provide strategic advice.

Under the arrangement, NCCR will provide \$1.23 million for the project that will be overseen by senior adviser Dr. Peter Highnam and will be reviewed by an informatics team at NCCR. Mitre, based in McLean, Va., operates a federally funded research and development center with expertise in enterprise systems. This FFRDC also supports the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare and Medicaid Services.

“It is critical that we closely monitor the changes occurring in biomedical informatics so that we can ensure interoperability among researchers and institutions to provide for maximum efficiencies for data exchange and analysis,” said Dr. Barbara Alving, NCCR acting director.

Mitre will investigate current informatics used for clinical research, propose and analyze future approaches, monitor trends and forecast the evolution of related technologies developed by both public and private entities. The company also will monitor and analyze academic, federal and commercial informatics developments that could affect clinical research. These include the work of the ONC on the Federal Health Architecture and the National Health Information Network, and new research infrastructure tools such as the Cancer Biomedical Informatics Grid and the Bioinformatics Research Network.

Information, best practices, analysis and recommendations will be provided in monthly research reports, which will be made public on the NCCR web site at [www.ncrr.nih.gov/informatics\\_reports.asp](http://www.ncrr.nih.gov/informatics_reports.asp). The reports are expected to help guide strategic planning efforts across NIH and among its grantees.

“It is particularly important for the country’s clinical research centers to receive informatics advice now as they plan to apply for NCCR’s new program, Clinical and Translational Science Awards, which stresses the importance of leveraging efforts in health care informatics and facilitating intra- and inter-institutional collaborations,” said Dr. Anthony Hayward, director of NCCR’s Division for Clinical Research Resources.

NCCR project officer Highnam can be contacted at [highnamp@mail.nih.gov](mailto:highnamp@mail.nih.gov). 📞





## ORCHESTRA

CONTINUED FROM PAGE 1

### Top left:

Gary Daum is the orchestra's music director and principal conductor.

### Top right:

The orchestra includes many scientists as well as other federal workers. While the group is primarily classical in nature, subgroups have formed over the last few years, providing alternative styles of music—for example, a brass ensemble, a klezmer band and a classic rock group.

the full symphony orchestra since its inception. “We have raised thousands of dollars for NIH charities and other community-based organizations. Our outreach program includes performances at local nursing homes, senior centers and schools,” Daum added.

Philanthropy aside, their purpose is straightforward. The orchestra prides itself on being a relaxed, friendly environment where making music is wonderful therapy; it should never be a reason for having therapy, its members contend. “I’ve played trombone in the group for the past 6 years and find the music a nice change of pace from the workday,” says Steven Ferguson of the NIH Office of Technology Transfer. “It’s an excellent opportunity to meet folks from other NIH areas, but most importantly I appreciate the sense of community spirit and enjoyment the music itself brings to both audiences and performers alike.”


The orchestra’s concert repertoire has included music from 6 centuries, encompassing many periods, nationalities and styles including Beethoven, Brahms, Dvorak, Mozart, Debussy, Copland and others. The orchestra includes many scientists as well as other federal workers. While the group is primarily classical in nature, subgroups have formed over the last few years, providing alternative styles of music—for example, a brass ensemble, a klezmer band and a classic rock group.

Prior to the current ensemble, there have been four other NIH Orchestras. “We began in the fall of 1996 as a project to get NIH musicians together,” Daum recalls. “The following year, the ensemble expanded and they changed their name from the NIH Chamber Orchestra to the NIH Community Orchestra, with our premiere

concert being the first NIH *Messiah* Sing-along on Dec. 21, 1997, at Masur Auditorium.”

The orchestra has even delivered a few world premieres, including one of the first post 9-11 choral/orchestral pieces, composed by Daum. In June 2002, associate conductor Jesse Parker presented Daum’s *Psalm 9:11*, a musical tribute to the events of Sept. 11, 2001. Meanwhile, publicity is no stranger to the group—its showmanship was highlighted in a *New York Times* article following the post 9-11 performance. In addition, its annual sing-along has been listed in the *Washington Post* Weekender’s “Best Bets.”

When members were asked what benefits they derive from being in the orchestra, stress-reduction and personal fulfillment were noted in particular. One scientist said, “Music soothes my heart and soul. It is an outlet from the stress of work and other commitments. The NIH Orchestra provides an excellent opportunity for ‘closet’ musicians to resurrect their musical enjoyment in a minimally time-consuming and highly satisfactory way.”

The orchestra’s upcoming June concert includes music by Mozart, Bizet, Mendelssohn and Sousa. For more information about the NIH Community Orchestra, visit <http://www.nihco.org>. 



## The Science of End-of-Life Care

NIH has funded many medical advances that help people live longer lives. But as the life expectancy of people with chronic and complex health conditions goes up, maintaining their quality of life becomes more difficult. A 1997 report from the Institute of Medicine, *Approaching Death: Improving Care at the End of Life*, found widespread dissatisfaction with end-of-life care and many gaps in scientific knowledge about the topic.

A conference on improving care was held at the end of 2004 to evaluate the field and help determine future directions for research. A special supplement of the *Journal of Palliative Medicine* now documents the event.

The conference, sponsored primarily by NINR and NIH's Office of Medical Applications of Research, brought together almost 1,000 health care practitioners from around the world, including nurses, physicians, social workers and others who work with dying people. After hearing from many experts, a panel found that many aspects of end-of-life care are poorly understood, leaving many American families to struggle through this life event.

The research is, in many ways, still in its infancy. To begin with, there's ambiguity about the term "end-of-life," which is usually defined by the regulatory environment rather than scientific data. Terms such as "palliative care," "end-of-life care" and "hospice care" are used interchangeably. Clear definitions of these terms could improve the delivery of care since good, consistent communication among patients, families and providers is crucial to high-quality end-of-life care. In addition, valid measurements of concepts such as quality of life would lay a better foundation for research.

Our understanding of what processes and interventions can improve outcomes is poor. Current end-of-life care includes some untested interventions that need to be validated. Beyond the field of pain management, the panel found, the quality of evidence on symptom management is limited. Race, ethnicity, culture, gender, age and disease states have some impact on the end-of-life experience. How these factors affect outcomes isn't well understood.

Many "system factors" are poorly understood as well. End-of-life care is often fragmented among providers and settings, leading to a lack of continuity in care. The panel cited the regulatory environment as a common barrier preventing people from getting the full range of interventions they need at the close of their lives.

End-of-life care can be an uncomfortable topic, but more research can improve all our experiences at this difficult juncture. NINR is the lead institute at NIH for such research; its portfolio in pain and other symptom management, care of the chronically and critically ill, family involvement in decision-making for incapacitated patients and family caregiving has provided a knowledge base to build on.

Future research priorities will be to develop biomarkers and other objective measures of impending death, to include end-of-life research in existing clinical trial networks, to recruit minority populations into research and to improve the use of technology in providing care. This research should lead to improvements in pain and other symptom management for the dying, better planning and decision-making in care and treatment and insights into how best to communicate with and involve family and friends.

The journal supplement, co-sponsored by NINR and NCI, is available free online at [www.liebertpub.com/jpm](http://www.liebertpub.com/jpm).—Harrison Wein

## NOEL

CONTINUED FROM PAGE 1

and served as director of its bone marrow transplant program. His medical research in the CC focuses on analysis of bone marrow-related conditions.

The threat he has been asked to confront today is avian influenza, “bird flu,” which has infected over 150 million birds worldwide, and killed over 80

people since late 2003, largely in Asia. Although there is no rapid human-to-human spread, people have no immunity against it. If the H5N1 virus mutates enough to “jump” from person to person, it could cause a pandemic. NIH director Dr. Elias Zerhouni has thus tapped Noel to plan a concerted response.

Why assign a bone marrow guy to battle bird flu?

“I don’t need to be a subject matter expert,” Noel says. “I find the right people, put them in the same room and we develop a plan and establish timelines. I can make that happen.”

He continues, “In military medicine you need rapid response, so there’s not always a perfect solution. But if you remain calm, you can jump hurdles without tripping.”

Vaulting over obstacles began with a hobby back in Canada, where the average yearly snowfall around his hometown Montréal tops 7 feet, with even more in wilderness areas. “I was interested in diving and mountaineering, and as a physician, when you do these things, people count on you to solve problems,” he says matter-of-factly. “Twenty years ago there was not a lot of information on wilderness medicine. You might have no access to conventional medical care for several days, so a lot of things you learn to do are unconventional. You can’t carry a hospital in your bag.”

What can you carry?

“The minimum tools with the most flexibility. You think: what can occur on an expedition? You have an open fracture at 12,000 feet, out there for days with no helicopter. No lab. How can you prepare? So you develop algorithms that are not in textbooks. Things that are a bit unconventional. Sometimes you swim counter-current.”

In those mountains, he must have bumped into some wildlife, too.

“Oh, I’d rather deal with bears,” he quips. “In the military, you get there and not only are people hurt, there are people shooting at you. I took a personal interest in developing preparedness, so I was asked to teach in special operations and how to organize training for combat trauma.”

Yet he rejects the notion that his role might be tinged with glamour.

“Everybody in Special Operations gets special skills to survive, but I’m not the one who kicks down the door. My role is much more straightforward. In the U.S. Air Force, I’m a flight surgeon in a special tactical unit. And here, I’m a facilitator.”

In that capacity, he’s drafted a plan for pandemic preparedness. The document describes policies that, when implemented, will protect the health of employees and preserve continuity of operations for NIH. Noel is working with a large

### NIAID Offers Answers on Avian Influenza

*Q: What is H5N1 avian influenza (bird flu)?*

*A: The H5N1 virus is one of 16 different known subtypes of avian influenza (bird flu) viruses. As the spread of H5N1 infection among birds increases, so does the opportunity for H5N1 to be transmitted directly from birds to humans.*

*If avian and human influenza viruses were to simultaneously infect a person or animal, the two viruses might swap genes. The result could be a new virus that is readily transmissible between humans and against which humans would have no natural immunity. Such an event could trigger a worldwide influenza pandemic.*

*Q: When did NIAID begin testing the H5N1 vaccines?*

*A: The first clinical trial began in April 2005 in 451 healthy adults ages 18 to 64. A trial in the elderly began in October 2005.*

*Q: Is the H5N1 vaccine the same as the seasonal flu shot?*

*A: No. The seasonal flu vaccine contains two strains of the most recent form of influenza A as well as one strain of influenza B. These strains have widely circulated in humans for a number of years.*

*Q: Are drugs effective in treating avian influenza in humans?*

*A: Data from the World Health Organization’s Global Influenza Surveillance Network indicate that the recently circulating H5N1 strains are susceptible to two antiviral drugs approved for use in the United States to treat human influenza infections—oseltamivir (sold as Tamiflu) and zanamivir (sold as Relenza). However, these medicines need to be started early enough—usually within the first 2 days of infection—to be effective.*



*Noel, chief of hematology at the Clinical Center, blends his expertise in special ops and bioterrorism to prepare NIH for H5N1—bird flu.*



team of preparedness, communication, Clinical Center and administrative staff to implement the plan. Zerhouni heads the senior management group whose decisions cascade throughout both extramural and intramural NIH.

Could the plan affect life on campus? That would depend upon the extent of the pandemic's reach as well as its virulence and transmissibility, he said. In general, operations would be curtailed, while the following would be prioritized as strategic goals: coordinate a high-level leadership team on campus; protect patients, visitors and personnel; protect animal colonies; protect research activities; preserve communications and IT functions; preserve intramural and extramural programs, especially given the opportunity to work offsite by computer access; and maintain scientific data and documentation. Shut-down authority on campus would fall under the NIH director, and no formal quarantine is planned.

"We have the tools [to respond to an emergency]," he says, "and with the Public Health Service being re-engineered even as we speak, we have a much bigger role to play in biodefense, in emergency response and in natural disasters."

This isn't Noel's first brush with disaster planning. After the attacks of Sept. 11, 2001, NIH tapped him as the go-to person for emergency preparedness. Early on, Noel gave a lecture on bioterrorism at the Clinical Center, covering NIH's accomplishments and plans, and offering a vivid history of bioterrorism. (Q: How did Tartar armies lay siege to Kaffa, Italy, in 1346? A: They catapulted plague-infested bodies of their own men over the fortifications, and thereby set off a pandemic.) More recently, as a part of Hurricane Katrina relief, Noel flew with an NIH team to Mississippi to set up an acute care facility.

"There's an expectation from the public that we go out of our way," he says resolutely. "We need to make certain that we are adequately prepared to respond to emergencies arising on our campus, our community and our country."

Mountaineer, diver, bone marrow expert, special ops doc, teacher/trainer, bioterrorism maven and warrior against the pandemic. Realist and idealist. His dedication lights up his eyes. But why all this? Why so much?

"You see," he says, "I want to do the right thing." ❶



Dr. Alfred Johnson (c) shares research results with UGSP scholars Isaac Darko and Edna Chavez.

#### 'PIMP Your Ride'

### Johnson Motivates Students to Prepare for Research Careers

By Matthew Holder

Dr. Alfred Johnson is not new to recruiting researchers and trainees to NIH. Nor is he new to encouraging students—particularly underrepresented minorities—to pursue science careers. Nevertheless, his recent keynote address at the Florida-Georgia Louis Stokes Alliance for Minority Participation was a milestone 28 years in the making.

This year's conference was hosted by Albany State University, a small, historically black college in rural Georgia, where Johnson received his B.S. in 1979.

Johnson, the 12th in a family of 14 children, grew up near Selma, Alabama, where he attended a segregated high school. "If a cotton-picking, cornbread-eating country boy from rural Alabama can do this," he said, referring to his career in research, "there is no one in this audience who can't."

Referring to a popular MTV show that transforms jalopies into hip, stylish, super-accessorized cars, Johnson challenged students to "PIMP their ride" on the road to careers in science.

"On this road, the P in PIMP is for proactive, perseverance, patience, practice and striving for perfection," he said. "On this road, the I is for intelligence and insight. The M is for mentoring, and the last P is for praise—praise for those who mentor you, teach you, brought you to this conference, raised you and praise to higher powers."

Johnson warned students that the road to a science career would have many obstacles—curves (failures), loops (confusion), flats (bad jobs) and red lights (bad influences)—but he promised, "If you PIMP your ride, you will have an engine called perseverance, a transmission called motivation, a spare called determination, brakes called patience, shocks called a mentor, a horn called praise, insurance called faith, and a driver called the Almighty, and you will make it to the place called success."

The recent conference is one of nearly 30 Louis Stokes Alliances, which were established to increase the quantity and quality of underrepresented students in science fields. The alliances were named in honor of Rep. Louis Stokes, who represented Ohio from 1968 to 1998 and was a strong supporter of research and training. NIH dedicated Bldg. 50 in his honor in 2001.

Johnson is an adjunct investigator in NCI's Laboratory of Molecular Biology and has directed the NIH Undergraduate Scholarship Program (UGSP) since 2000. Since 2004, he has served as acting director of the Office of Loan Repayment and Scholarship in the Office of Intramural Research, and last year he became an assistant director in OIR.

The UGSP provides scholarships of up to \$20,000 per year to disadvantaged students who are committed to careers in biomedical, behavioral and social science research. The participants commit to two service obligations at NIH—a 10-week summer internship and a yearlong internship after graduation.

Last year, an independent, non-partisan firm completed a formal evaluation of the UGSP. It offered a strong, positive assessment of the program and showed that its students are successfully meeting numerous benchmarks within the research training pipeline.

# milestones

## NIAID Announces Five Appointments

NIAID recently announced the appointment of five individuals to senior management positions within the institute.



Dr. Hugh Auchincloss, Jr., has been named new principal deputy director of NIAID. He will serve as second in command to NIAID director Dr. Anthony Fauci and will have broad responsibilities for carrying out the

institute's programs. Auchincloss joins NIAID from Massachusetts General Hospital, where, as professor of surgery at Harvard Medical School, he earned an international reputation in the field of organ transplantation. An immunologist, Auchincloss is the founder and director of the Juvenile Diabetes Research Foundation Center for Islet Transplantation at Harvard Medical School. He has spent much of his time in recent years as chief operating officer of NIAID's Immune Tolerance Network. He also serves as chairman of the FDA's subcommittee on xenotransplantation. He was elected president of the American Society of Transplantation in 2005.



Dr. H. Clifford Lane has been appointed deputy director for clinical research and special projects. Previously he served as NIAID's acting principal deputy. Lane will continue to serve as director of the newly established Division

of Clinical Research. In his new position, he will also function as a liaison with the Departments of Defense and Homeland Security and other outside constituents.

Dr. John J. McGowan has been appointed to the new position of deputy director for science management. He will have overall responsibility for directing NIAID's business and administrative requirements as well as its science planning, policy and integration. A virologist



by training, McGowan has served in multiple roles at NIAID including chief of the Developmental Therapeutics Branch and associate director for the Basic Research and Development Program, both within the institute's Division of AIDS.

Most recently, he served as director of the Division of Extramural Activities, a position he held since 1991, and as acting NIAID associate director for management and operations since December 2004.



Dr. Kathryn Zoon has been appointed director of the Division of Intramural Research, replacing Dr. Thomas Kindt. Since June 2005, following Kindt's retirement, she has served as acting director of DIR and, since June 2004, she was deputy director

for planning and development at DIR. Previously, she was the principal deputy director of the Center for Cancer Research at the National Cancer Institute, and prior to that she was director of the Center for Biologics Evaluation and Research at FDA.

Zoon is an associate editor of the *Journal of Interferon Research* and serves on the board of directors of the Foundation for Advanced Education in the Sciences. The recipient of numerous awards, she was elected to the Institute of Medicine in 2002.



Gregory Folkers has been appointed chief of staff to Fauci, leading the newly created Immediate Office of the Director. Folkers came to NIAID in 1991 after being employed in various writing and communications positions

in the Boston area. After working as a science writer and editor in the NIAID Office of Communications, he has for the past decade worked directly with Fauci as a special assistant and senior public affairs advisor. 📧





### NIDCR Mourns Former Director Kreshover

Dr. Seymour J. Kreshover, 93, former director of NIDR (now NIDCR) died Jan. 23 at his home in Winter Park, Fla. A dentist, physician and research-

er, he is remembered for broadening dental research and linking it to the biomedical sciences and medicine. He headed NIDR from 1966 to 1975.

"Dr. Kreshover was an outstanding leader, a dedicated public servant and an extraordinary scientist who made numerous contributions to dental and oral health research," said NIDCR director Dr. Lawrence Tabak. "He was also a friendly and thoughtful man who was liked and respected at the institute and by the wider research community. It was a joy to see him each year at the NIDCR lecture named in his honor."

Kreshover's efforts to connect dentistry to the biomedical sciences led him to expand the institute's research areas and to encourage basic research throughout the programs. He created laboratories on neurobiology and developmental biology whose research laid the foundation for future discoveries on pain and on normal and abnormal craniofacial development. His goal of broadening dental science also gave rise to a new program of dental research centers in universities. The centers attracted scientists from disciplines not traditionally associated with dentistry and provided a venue for training researchers.

During his tenure, Kreshover also established a national program aimed at reducing the incidence of dental caries. Basic and applied research from the National Caries Program resulted in an enhanced understanding of the dental caries process, better dental sealants and the promotion of fluoride applications through school-based mouth rinse programs.

A native of New York City, Kreshover earned a B.A. from New York University in 1934. In 1938, he received a D.D.S. from the University of Pennsylvania School of Dentistry and then in 1942 received a Ph.D. in clinical medicine and pathology from Yale University. He also went on to earn an M.D. from NYU School of Medicine in 1949.

After receiving his M.D., Kreshover joined the Medical College of Virginia where he served as a professor and clinician in the department of oral pathology, director of dental research and director of postgraduate and graduate studies.

He arrived at NIDR in 1956 and initially headed the institute's Intramural Research Program. In 1966, he was named director. A member of the Public Health Service Commissioned Corps, he assumed the rank of assistant surgeon general when he rose to the director post.

Kreshover was the recipient of numerous honors and awards, including the Department of Health, Education and Welfare Distinguished Service Medal; the PHS Meritorious Service Award, the Pierre Fauchard Medal, the Henry Spenadel Award and the Alfred C. Fones Memorial Award. He had several honorary degrees and also held membership in a number of medical and dental associations. In 1983, NIDR established the annual Kreshover Lecture Series in his honor.

When not working, Kreshover enjoyed spending time with his family. He could also be found sailing as well as collecting and showing classic cars, including such vintage models as a 1953 MG-TD, Jaguar XKE and Jaguar 120. In addition, he was a skilled woodworker who had taken woodworking classes and also maintained a workshop devoted to the hobby.

He is survived by his wife of 59 years, Jacqueline Kreshover of Winter Park; four children, Karen Davis of Gaithersburg, Douglas Kreshover of Vienna, Janis Kasch of Ormond Beach, Fla., and Lauren Watkins of Windermere, Fla.; 13 grandchildren; and three great-grandchildren. ●



## **NINDS's Nelson Retires With 35 Years of Federal Service**

*By Shannon E. Garnett*

Dr. Karin Nelson, acting chief of the NINDS Neuroepidemiology Branch,

retired Jan. 3 with 35 years of federal service, all with NINDS. "It's truly been a privilege to work at NIH," she said.

Nelson earned her undergraduate degree from the University of Minnesota and her medical degree from the University of Chicago School of Medicine in 1957. She then trained in neurology at the University of Maryland, George Washington University and the National Hospital, Queen Square, London.

She first came to NIH in 1964 as a medical officer in the Perinatal Research Branch, working on NINDS's National Collaborative Perinatal Project (NCPP). The project was a large multicenter prospective study of factors related to developmental disability with such disorders as cerebral palsy, epilepsy and mental retardation. The study followed 50,000 women throughout their pregnancies and their children through age 8.

"I came to NIH because there was great controversy about what to do about febrile seizures. It was the question I was asked about most often by parents and colleagues, at lunch and in the parking lot," said Nelson. Febrile seizures are convulsions brought on by a fever in infants or small children. "As febrile seizures are among the most common disorders in child neurology, it seemed that there ought to be answers. And the NCPP at NINDS had data that would make it possible to get some evidence-based answers. The results of that research contributed to changes in medical practice with regard to this common disorder," she said.

In 1967 Nelson left NIH to become a neurology instructor at George Washington University and an associate neurologist at Children's Hospital in Washington, D.C. She returned to NIH in 1973 as a medical officer in the Neuroepidemiology Branch, NINDS. Later she became acting chief of the branch, the position she held at retirement. In addition to her NINDS responsibilities, Nelson continued to serve as professor of neurology at GW.

During her tenure at NINDS, she studied the natural history and etiology of major childhood neurological problems—focusing on cerebral palsy, epilepsy, neonatal seizures, febrile seizures and the neurological outcome in multiple births. Her work often led to collaborations with researchers across the country and worldwide including the California state department of health and the University of Adelaide in Australia.

Nelson has authored or coauthored numerous articles, reviews and book chapters that together constitute a major part of current scientific knowledge about child neurology.

Not surprisingly, her research has garnered her many awards including the Bernard Sachs and Hower Awards from the Child Neurology Society, the Distinguished Basic Neuroscientist Epilepsy Research Award from the American Epilepsy Society and the Milken Family Medical Foundation, and NIH Director's and Merit Awards.

In retirement, Nelson plans to work part-time at Children's National Medical Center. ●



## NEI's VISION Network Reaches the Public

Last spring, the National Eye Institute completed an evaluation of its VISION Public Information Network, developed over 10 years ago for the purpose of communicating research results to the public through grantee institutions. The evaluation results were positive, demonstrating that NEI's network may serve as a model for other institutes and centers to consider as a method for communicating with the public.

NEI's network is largely composed of public information officers from research institutions across the country, including 117 institutional members and 210 individual members. Its primary mission is to work with NEI in disseminating vision research results to the national and local media. When a result is forthcoming, NEI develops news releases and other resources such as B-roll video and a dedicated section on the NEI web site. These are provided in advance of journal embargos to network members so they can adapt them for local use and distribution. In the past 4 years, NEI has worked with more than 170 institutions to communicate the results of 12 nationwide, multicenter clinical trials.

Though the network's primary function is to communicate research results to the media, more recently members have become engaged in other areas such as marketing, branding and crisis management. The network also provides opportunities for information sharing, networking and professional development.

One member said, "The personal interactions with NEI staff and other members of the network offer ideas that have increased our own activities in the public information area immensely." Another important finding was that the network facilitated well-coordinated media coverage of study results and produced consistent messages. In addition, the media audit found that both NEI and NIH were consistently cited in the print and electronic media, raising the profile of NIH while simultaneously involving local research institutions.

Though the network has existed for many years, NEI staff and network members see this resource as one of NIH's "best-kept secrets." Few institutions within or outside NIH have something comparable. A member from the University of Alabama at Birmingham noted, "I think the network is unique. There aren't many opportunities for communication professionals in academic medical centers to gather to exchange ideas."

To learn more, visit [www.visionnetwork.nei.nih.gov](http://www.visionnetwork.nei.nih.gov) or contact Jean Horrigan at (301) 496-5248.—Sandy Williams



## Zerhouni Leads NIH Visit to North Africa

NIH director Dr. Elias Zerhouni led an NIH delegation that met with senior government officials and biomedical researchers in Algeria, Tunisia and Morocco Jan. 17-25. The purpose was to discuss potential areas of mutual collaboration in the biomedical sciences in response to long-standing requests by ministers of health and science and technology in each of these countries.

In addition to participating in the signing of an umbrella U.S.-Algeria science and technology agreement, the delegation visited health care facilities and academic research laboratories. They met with scientists and clinicians interested in all areas of health-related research, with an emphasis on infectious diseases and newborn health.

In Morocco, Zerhouni signed a letter of intent with the director of the National Institute of Hygiene in Rabat, signaling an intention to continue efforts to facilitate collaborative research between U.S. and Moroccan scientists. The visit highlighted the strong research base present in North Africa and led to the identification of several immediate areas intended to strengthen collaborations, including an NICHD-supported regional conference on newborn screening, to be held in Rabat in September; NIAID sponsorship of regional HIV/AIDS conference participants from the Maghreb (meaning "western" in Arabic, it includes the area of Africa north of the Sahara Desert and west of the Nile); development of NLM training plans for North African librarians; and FIC support for capacity building, including training in the development of institutional review boards, and support for women scientists to attend a major Department of State-sponsored regional workshop on women in science.

"The staff at the U.S. embassies in all three countries remarked that they had rarely witnessed such a well-received U.S. delegation," noted Judy Levin, program officer for the Middle East and North Africa at FIC.



### Top left:

NIH director Dr. Elias Zerhouni emerges after a visit to a private clinic founded by Drs. Malika and Jamal Khodja Bach (walking on his right) in Algeria. Located in Dely Ibrahim outside of Algiers, the 4-floor clinic was inaugurated in December 2004 and has 80 beds and equipment not available in most public health care facilities in Algeria. Also pictured are other members of the NIH team including FIC acting director Dr. Sharon Hrynkow (second from r) and Julia Royall, NLM (far r).

### Above:

U.S. Undersecretary of State for Democracy and Global Affairs Paula Dobriansky accepts a gift from Algerian Minister of Higher Education and Scientific Research Rachid Haroubia. The pair had just signed the U.S.-Algeria Science and Technology Agreement in Algiers, which is intended to encourage increased cooperation between scientists in both countries.

## NIH Training Center Classes

The Training Center supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

Introduction to NIH Property Management	3/16
Purchase Card Training	3/20, 4/5
Travel for Admin. Officers/Approving Officials	3/22
Electronic Purchase Logs & Reconciliation Procedures	4/3
Professional Service Orders	4/4
NBS Travel System for Organizational Administrators	4/4
Simplified Acquisitions Refresher	4/6
NIHITS II Training	4/6
Merging Minds: Special Expert Teams in Bio.Sci.	4/12

## Knowledge Management Symposium Draws Interest

More than 600 people participated in the first NIH knowledge management symposium, "Knowledge in Service to Health: Leveraging Knowledge for Modern Science Management," on Feb. 6, sponsored by the Office of Extramural Research.

The symposium was designed to prepare NIH for a new era in science management and knowledge discovery—an era when decisions throughout the scientific enterprise will increasingly depend on more effective communication, collaboration, innovation and information analyses.

Dr. Norka Ruiz Bravo, NIH deputy director for extramural research, said, "We must identify new approaches to systematically support staff development, collaboration and the application of our intellectual capital to enhance our business processes, promote innovation and facilitate knowledge discovery." She added, "NIH is committed to facilitating and supporting knowledge exchange and discovery to identify new solutions and to develop future strategies that advance the nation's health."

KM is a set of systematic processes by which knowledge, mostly hidden in the brains of individuals, is created, captured and shared to advance the mission of an organization.

The symposium presented a cross-section of the knowledge management field and touched on the following areas: facilitating collaboration to bring new ideas into play; discovering new knowledge by understanding the connections among vast amounts of information; improving science management and predicting opportunities using unstructured text mining; and new visualization and communication techniques that convey knowledge derived from complex data sets.

## Dock Management Services Found Effective

The loading dock management services introduced last year by the Division of Property Management in the Office of Research Facilities are improving building security and employee safety in NIH facilities in the Washington area and on the Poolesville and Montana campuses. Prior to the Dock Material Management (DMM) program, NIH buildings did not have an integrated loading dock program; now there is oversight of loading docks in many locations. Through a partnership with the NIH Police, the DMM program also expands security.

Institutes and centers in more than 40 buildings have elected to use DMM services. According to project officer Kenny Windsor, the number is growing. Currently, the DMM program handles an average of 37,000 packages a month. The program puts a dock manager and team at the loading dock to track all materials going into and out of the building. Dock personnel deliver individual packages to the addressee, scanning the recipient's ID using technology similar to that used by FedEx and UPS. Dock personnel will temporarily store materials when the recipient is not available and they maintain the appearance of the dock area. On a fee-for-service basis, managers will arrange for after-hours access to the loading dock for office moves, construction projects and special deliveries.

A customer survey conducted last fall found a high level of satisfaction with the program. Of the 2,622 respondents, 70 percent gave all services a rating between 8 and 10 on a scale of 10, with satisfaction scoring highest among most frequent users. Windsor is pleased with the survey results and plans improvements.

Enhanced security is another feature of the program. DMM personnel track, store and deliver materials, verifying the ID of each delivery driver. They also check all NIH property passes for people moving equipment through the loading dock; control pedestrian traffic through the loading dock; maintain shipping documentation; refuse receipt of suspicious packages and manage parking in the dock area.

DMM services are available on request to all facilities nationwide in which NIH is the only tenant. More detailed information about services and costs is available online at [http://orf.od.nih.gov/dock\\_material\\_program.htm](http://orf.od.nih.gov/dock_material_program.htm).





### Are You Nearing the Perimenopause?

The Behavioral Endocrinology Branch, NIMH, seeks healthy female volunteers ages 40-50 to participate in longitudinal studies of the perimenopause. Volunteers must have regular menstrual cycles and be medication-free. Periodic hormonal evaluations, symptom ratings and occasional interviews will be performed. Subjects will be paid. Call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

### Thyroid Cancer Study

An NIDDK study seeks individuals recently diagnosed with thyroid cancer. Call 1-866-444-2214 (TTY 1-866-411-1010) for details.

### Gray Platelet Syndrome Study

Gray platelet syndrome (GPS) is a rare bleeding disorder that causes excessive bleeding and bruising. Doctors at NIH invite those with GPS and their families to participate in a study to identify the gene(s) that cause the disorder. Families with at least one member diagnosed with GPS may be eligible to participate in this study. Participants will be required to obtain and ship a blood sample to NIH for genetic analysis. No travel is required for this study and you will be reimbursed for any shipment costs. To participate, contact Dr. Meral Gunay-Aygun at (301) 594-4181 or 1-866-444-2214 (TTY 1-866-411-1010) or mgunaygun@nih.gov.

### Late Day Eaters and Meal Skippers

Women who eat most of their food in the late afternoon and evening most days of the week who are also nonsmoking, pre-menopausal and without major medical or mental health problems (normal weight and overweight, ages 18 to 50) are sought for a study on eating and metabolism. Participation requires: keeping a 1-week eating diary and 2 visits (a total of about 2½ hours) including meal estimation, assessment of metabolic rate and assessment of body composition. Participants will receive compensation for participation and feedback on their dietary food-intake and resting metabolic rate and body composition. For more information call the Uniformed Services University of the Health Sciences at (301) 295-9664.

### Do You Have Alcohol Problems?

Are you between ages 21 and 65, with attention deficit disorder and want to quit drinking? The National Institute on Alcohol Abuse and Alcoholism needs people with ADD who are also seeking treatment for alcohol problems. Participants will receive treatment (without charge) as part of a research study. If you think you may qualify, call (301) 451-0689.

### Do You Have Follicular Lymphoma?

Your own body may be your best defense. Patients who have not had chemotherapy may call for a lymphoma vaccine study: 1-866-444-2214 (TTY 1-866-411-1010).



*NIAID director Dr. Anthony Fauci (r) welcomes four new members to his council. They are (from l) Dr. Megan Sykes, Dr. Martin Rosenberg, Dr. Barbara Baird and Dr. Kathryn Edwards.*

### Four Join NIAID Advisory Council

Four new members recently joined the National Advisory Allergy and Infectious Diseases Council for 4-year terms. They are: Dr. Barbara A. Baird of Cornell University; Dr. Kathryn M. Edwards of Vanderbilt University; Dr. Martin Rosenberg of Promega Corp. in Madison, Wisc.; and Dr. Megan Sykes of Harvard Medical School.

Baird is a professor in the department of chemistry and chemical biology at Cornell. She also serves as director of the Nanobiotechnology Center and is principal investigator for Cornell's training grant in molecular biophysics.

Edwards is professor of pediatrics at Vanderbilt. She was principal investigator of the NIAID-funded, placebo-controlled influenza efficacy trial comparing live, attenuated and inactivated influenza vaccines in more than 3,000 volunteers and now leads the NIAID-supported vaccine and treatment evaluation unit at Vanderbilt.

Rosenberg is chief scientific officer of Promega and is an adjunct professor in the department of bacteriology at the University of Wisconsin and in the department of biochemistry at the Robert Wood Johnson Medical School.

Sykes is the Harold and Ellen Danser professor in the department of surgery and a professor of medicine at Harvard Medical School. She is an immunologist and associate director of the Transplantation Biology Research Center at Massachusetts General Hospital.

## Health Beat TV Reporters Visit NIH

Three veteran network television reporters whose coverage emphasizes health and medicine visited NIH on Feb. 16. They had several take-home messages for the NIH communication community, scientists and other NIH leaders, who invited them to share interests at a Wilson Hall meeting.

Local newscasts are unabashedly fond of the titillation factor in health stories, noted Doreen Gentzler of NBC's Channel 4. "My editors love stories about new cosmetic procedures, from full-body lifts to teeth whitening and everything in between, and any story with a 'medical miracle' angle. They also like anything that would frighten our audience into watching our newscast: 'Is your dental floss toxic?'"

More seriously, she added, her interests tend toward stories "where we learn something new, something that makes us say, 'No kidding?' We also love to talk to interesting people, and there's no shortage of them at NIH." Also likely to grab Gentzler's attention are stories featuring brave patients fighting long odds and "stories that help people prevent illness and have a better quality of life."

PBS's Susan Dentzer says her network has more high-brow interests, but conceded, "There is a stunning lack of knowledge about science in the general public." Lamenting a lack of appealing communicators along science's front lines, she nonetheless pleaded with story sources, "Please speak to me as if I'm an intelligent 12-year-old—then you won't lose the PBS audience."

Lisa Stark of ABC News, who covers the regulatory scene in Washington, occasionally does health pieces but operates at a dizzying pace; her assignments can change four times within 24 hours, and her lengthiest stories wrap up in less than 2 minutes. The average viewer of nightly network news is 60-65, she said, which largely determines story content.

The TV reporters all occasionally rely on NIH for stories and were largely satisfied with how they are accommodated here. Welcoming them was NIH director Dr. Elias Zerhouni, who urged newscasters to help convey the message that the nation's investment in medical research has massive payoffs for all Americans.



The \$120 per American that NIH has invested in AIDS research over the past few decades has turned back the tide of the epidemic, he said. The total cancer death rate has declined for the first time since President Nixon launched the war on cancer in 1971, he related, and at a cost of only \$250 per person. The rate of disability due to arthritis and other musculoskeletal disorders has dropped 30 percent in the past 20 years, at an investment of only \$20 per person, Zerhouni said. "That's the message we need to convey. We are probably the very best thing this nation has done—and we're poised to do better."

He told the reporters, "The causes of the 10 most common diseases will be known within the next 2 years...A complete transformation of medicine is coming."

Zerhouni acknowledged the difficulty of presenting new and difficult scientific news in easy sound bites. "You can't one-line science," he said, "and yet you have to do it."

But by bottom-lining science—calling attention to the relatively little invested per person in medical research for big payoffs—he offered a compelling story idea.—Rich McManus 📍

*Three veteran network television reporters (from l) Doreen Gentzler of NBC's Channel 4, Lisa Stark of ABC News and Susan Dentzer of PBS discuss coverage of health issues during a Feb. 16 NIH health communications forum organized by the Office of Communications and Public Liaison, OD.*